

Program Registration Form

Recreation Services | City of Huntsville | 448 State Hwy. 75 North, Huntsville, TX 77320 | 936-294-5725

Junior Guard

Program Date

☐ June 8-12

☐ July 20-24

Participant Information

First Name	Middle Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth	Gender	Phone Number
<input type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="text"/>
Mailing Address	City	State Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>

Medical History

Please read and fill out the required areas.

1) Any known allergies to food/drugs, insect stings, poison ivy/other plants? ☐ No ☐ Yes, specify

2) Any special needs requiring special care to participate in this program? ☐ No ☐ Yes, specify

In case of an emergency home and parents are the first numbers called. Please provide an additional name of a person available during the time of this program to be contacted.

Name	Relationship	Phone Number
<input type="text"/>	<input type="text"/>	<input type="text"/>

Parent/Guardian Information (If applicable)

Mother:

First Name	Middle Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth	TX DL #	Daytime Phone Number
<input type="text"/>	<input type="text"/>	<input type="text"/>
Mailing Address	City	State Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>
Physical Address	City	State Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>

Father:

First Name	Middle Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth	TX DL #	Daytime Phone Number
<input type="text"/>	<input type="text"/>	<input type="text"/>
Mailing Address	City	State Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>
Physical Address	City	State Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>

T-Shirt

☐ XXL Large

☐ X Large

☐ Large

☐ Medium

☐ Small

Optional Information

Current Residence

- ☐ Huntsville, City Limits
☐ Walker County
☐ Other County

Ethnicity

- ☐ Caucasian ☐ American Indian
☐ African American ☐ Alaskan Native
☐ Hispanic ☐ Asian/Pacific Islander
☐ Other

How did you hear about this program?

- ☐ Newspaper ☐ Radio
☐ TV ☐ Flyer
☐ Word of Mouth ☐ Other
☐ Website

Would you like to be notified of future programs?

- ☐ No
☐ Yes; by
☐ Mail
☐ E-mail

Waiver of Liability, Medical Release and Indemnification Agreement

In consideration for myself, _____, and my minor child (if applicable), _____, being permitted by the City of Huntsville Recreation Services Division to participate in the Junior Guard Program, I hereby waive, release and discharge any and all claims and damages for personal injury, death, or property damage, howsoever same may occur whether by the City's negligence or otherwise, which I or my minor child may sustain or which may occur as a result of my or my minor child's participation in this program.

I understand and agree that this release is intended to discharge in advance the City of Huntsville, its elected officials, officers, employees and agents (herein referred to as "City") from and against any and all liability, including City's negligence, connected in any way with the participation of myself or my minor child in said program. I understand that said program may be a hazardous, strenuous, and/or of a physical nature and participating in said program may occasionally result in injury, death or property damage. Knowing the risks involved, nevertheless, I voluntarily request permission for myself and my minor child to participate in said program. I hereby assume any and all risks of injury, death or property damage and to release and hold harmless the City. This waiver, release, and assumption of risk is to be binding on the heirs and assigns of myself and my minor child. I will indemnify and hold the City harmless from any loss, liability, damage, cost or expense, including litigation, which they may incur as a result of any injury, death, and/or property damage which myself or my minor child may sustain while participating in said program. In case of accident or illness, I hereby authorize the City to provide basic first aid to myself or my minor child. I understand and give the City permission if I or my minor child requires advanced medical or surgical treatment while under the supervision of the City in connection with said program, the City may authorize treatment by a Certified First Responder such as EMS, a physician, hospital or clinic on behalf of myself and my minor child. I understand that I will pay all medical, hospital, or other expenses which I or my minor children may incur as a result of such treatment. I understand that the City is not responsible for lost or stolen property while participating in said program.

I certify that I have custody or am the legal guardian of said minor, and that I and my minor child are physically able to participate in said program. I have carefully read this Waiver of Liability, Medical Release, and Indemnification Agreement and fully understand its contents. I am aware and understand that this is a release of liability and a contract between myself and the City, and that I sign it of my own free will.

Signature

Date

Parent/Guardian Signature (If participant is 18 years or under)

Date